

WERC-6
MP/PP/Ce
09/03

WISCONSIN EMPLOYMENT RELATIONS COMMISSION
P.O. Box 7870, Madison, WI 53707-7870
(608) 266-1381

COMPLAINT

An original and five (5) copies of this complaint must be accompanied by a \$80.00 filing fee. Please provide the following information in numbered paragraphs. Use additional sheets as needed.

Complainant,

vs.

Respondent.

- A. What is the name, address and phone number of the person/party making the complaint?
- B. What is the name, address and phone number of the person/party against whom the complaint is being made?
- C. What are the facts which constitute the alleged unfair labor or prohibited practices?
- D. What part or parts of the applicable statute defining unfair labor or prohibited practices are alleged to have been violated?
- E. What remedy to you seek?

(Notary Seal)

Complainant's Signature